



ABSTRACTS

CLINICAL NUTRITION

The causal role of breakfast in energy balance and health: A randomized controlled trial in lean adults.

Betts JA, Richardson JD, Chowdhury EA. *Am J Clin Nutr*. 2014; <http://dx.doi.org/10.3945/ajcn.114.083402>.

It is commonly held that consuming breakfast has extensive health benefits, and breakfast is frequently called the “most important meal of the day”; however, this presumption is not rooted in causal data unequivocally demonstrating the link. The researchers randomly assigned 33 lean participants to two groups for a 6-week intervention—a breakfast group and a fasting group, wherein the breakfast group consumed a morning meal of approximately 700 kcal by 11 AM (half consumed within 2 hours of waking) and the fasting group consumed only water until 12 PM each day. Before the intervention, subjects went through intensive baseline laboratory assessments for determining resting metabolic rate and anthropometric characteristics as well as an oral glucose tolerance test; subcutaneous adipose tissue biopsy samples were taken for determining estimates of tissue-specific insulin action. Energy intake and expenditure were measured throughout weeks 1 and 6 of the intervention and baseline measurements were followed up at 6 weeks. The researchers noted that the major factor accounting for the difference in morning eating patterns was that significantly higher physical activity thermogenesis was observed in participants consuming breakfast. Although the fasting group had no negative cardiovascular effects nor increases in adipose tissue insulin sensitivity from skipping breakfast, by afternoon and evening they demonstrated progressive variability in interstitial glucose concentrations and less-regulated glucose control compared with the breakfast group by week 6. Because of the difference in physical activity thermogenesis observed in weeks 1 and 6, the researchers believe that morning eating patterns have a direct effect on daily activity levels in lean adults but do not affect resting metabolism.

CULINARY

Eggs: The uncracked potential for improving maternal and young child nutrition among the world's poor.

Iannotti LL, Lutter CK, Bunn DA, Stewart CP. *Nutr Rev*. 2014;72(6):355-368.

Though there are limited data regarding egg consumption patterns from interventions in resource-poor countries, the authors see much potential in eggs for addressing food insecurity because of the high nutrient content and their relative affordability. Eggs could be particularly important to the diet because they are a nearly complete protein and are a source of essential fatty acids—which have been identified as critical for early brain development—and other vitamins and minerals important to child and maternal health. However, the authors' literature review yielded that egg consumption is extremely low in many developing countries, particularly in Africa (consumption is highest among Latin American countries), as cultural perceptions of eggs—that they are taboo, indigestible, or cost prohibitive—often translate to limited dietary acceptance. The authors recommend homestead food production programs, beginning with scavenging flock systems that require minimal investment and associated costs, as the most effective means for alleviating poverty and, potentially, egg consumption. The close proximity of chickens to the household in rural communities, especially those with poor sanitation infrastructure, could create risks for diarrheal disease among children, however, so preventing disease and parasites among village chicken flocks is a crucial challenge if such programs are to be sustainable, the authors note. The authors recommend additional studies of outcomes from egg consumption interventions focused on barriers to intake in developing countries to support promotion of eggs as a means to address hunger and undernutrition.

DIABETES CARE

Patient freedom to choose a weight loss diet in the treatment of overweight

and obesity: A randomized dietary intervention in type 2 diabetes and pre-diabetes.

Coles LT, Fletcher EA, Galbraith CE, Clifton PM. *Int J Behav Nutr Phys Act*. 2014; 11:64. <http://dx.doi.org/10.1186/1479-5868-11-64>.

Diabetes-related morbidity and mortality risk is potentially lessened by body weight reduction and onset of diabetes in prediabetes patients can be delayed with intervention, but the challenge of adhering to weight loss prescription interferes with treatment success in free-living persons. Because the implications of behavioral theory suggest that “choice” is a major factor in improving outcomes, the authors developed a 12-month weight loss study of 144 individuals with diabetes and prediabetes who were randomized to have choice or no choice in their diet pattern. The intent was to test the hypothesis that the opportunity to choose one's diet (South Beach, Mediterranean, or the diet published by the Commonwealth Scientific and Industrial Research Organisation in Australia) would reduce intervention dropout rates and improve weight loss and cardiometabolic outcomes in participants. However, only a very small percentage of participants changed diets—those not achieving weight loss/health goals largely opted instead to withdraw from the study—so the option to change diet did not affect intervention retention rates. Though no significant weight loss across the choice and no-choice groups (4.8% and 4.5%, respectively) was detected among participants in the study for 12 months (by the 12-month mark, only 96 participants were still enrolled), sex differences were noted in the diet selected and weight loss outcomes, leading the authors to recommend sex-specific approaches in weight-loss diet prescriptions.

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PEDIATRIC

Impulsivity, “advergames,” and food intake.

Folkvord F, Anschütz DJ, Nederkoorn C, et al. *Pediatrics*. 2014;133(6):1007-1012.

The authors sought to analyze whether online electronic games (advergames) that promote energy-dense snacks influence children's snack consumption in the Netherlands. Participating second and third graders were measured for anthropometric and emotional conditions, including impulsivity (using a test specially developed for measuring reward sensitivity in children), body mass index, energy intake, and hunger level using a visual analog scale. The 261 participants then were randomly assigned to one of four groups differentiated by whether the adverage promoted a food or nonfood product and whether they were given an inhibition task (reward for not snacking) while playing the game. The adverage consisted of a memory exercise, in which 16 cards with brand names/logos appeared on the back of the card and individual products on the front, and participants had to try to match two cards by virtually flipping them over. The authors found that food cues in the advergames did influence snacking behaviors and, thus, energy intake. Although rewarding children for refraining from eating decreased energy intake in “normal” children playing both the food and nonfood advergames, impulsive children's inclination to snack—influenced by cues in the game—was not offset by rewards to abstain while playing advergames that promoted food. The authors suggest that future research investigate whether parents can specifically educate their children on self-regulation of snacking during or after exposure to food advertising messaging.

POLICY & ADVOCACY

“Alien Health”: A nutrition instruction exergame using the Kinect sensor.

Johnson-Glenberg MC, Savio-Ramos C, Henry H. *Game Health J*. 2014; <http://dx.doi.org/10.1089/g4h.2013.0094>.

The authors developed an exergame (a video game that encourages active play) to educate schoolchildren about the five nutrients/optimizers (protein, fat, carbohydrate, fiber, and vitamins/minerals) from the MyPlate guidelines and encourage physical activity. “Alien Health,” which had been alpha-tested previously and was revised based on feedback and upgraded to employ Xbox Kinect (Microsoft) technology, had students following the story of a hungry alien that cannot communicate but needs to eat healthful foods that the student

selects. To test this revised exergame, 32 students from the 6th and 7th grades of a title I school (100% free breakfast and lunch) visited a university science center for a field trip and were randomly assigned to experimental and control groups (because of recent immigrant status affecting ability to comprehend English-language written pretest, not all results were included). The game was only played by the experimental group and involved three levels of play that involved identifying the more healthful option from force-matched pairs of foods based on nutrient profile and dragging items to build a healthful lunch tray for the alien; in between levels, students in the experimental group were instructed to follow an online stick figure in performing cardio exercises set to easy, hard, or medium. The control group participated in direct dialogue about healthful food choices and observed the experimental group's game play. The researchers found that both experimental and control groups made statistically significant gains in the post-intervention content test, though at 2 weeks' follow-up, the experimental group demonstrated better knowledge retention, which the authors believe was related to the game's narrative backstory plus the cardio exercises.

PUBLIC HEALTH

Food price policies improve diet quality while increasing socioeconomic inequalities in nutrition.

Darmon N, Lacroix A, Muller L, Ruffieux B. *Int J Behav Nutr Phys Act*. 2014;11:66. <http://dx.doi.org/10.1186/1479-5868-11-66>.

Because socioeconomic differences in selected foods are often the result of the costs of a more healthful diet and, thus, an unhealthy diet could partially result from budget constraints, the authors used an experimental economics procedure to observe the effect of manipulating food prices on daily food selections by 95 low-income (disposable income per consumption unit=\$9,288 US dollars [USD]) and 33 medium-income (disposable income per consumption unit=\$24,360 USD) French women. Using a software package, participants could choose among 180 foods commonly purchased by French adults categorized as “fruits and vegetables,” “other healthy products,” “neutral,” or “unhealthy” and place them into an individual food basket with prices displayed. After a baseline analysis where participants selected items listed at regular prices, two pricing cohorts were tested—one in which fruit and vegetable selections were subsidized, representing a 30% price decrease, and one in which fruits, vegetables, and other healthful options had price decreases of 30%

at the same time that less healthful options were priced at 30% higher. The authors determined that price manipulation did affect both groups to an extent—the energy density of selected items was significantly improved for both low-income and medium-income women—but there were no gains in overall dietary quality. Furthermore, increasing the number of healthful food selections in a grocery basket was not necessarily done in tandem with decreasing the number of less-healthful products selected. Thus, the authors conclude that pricing policies meant to affect food purchasing behaviors would not necessarily result in minimized nutrition-related socioeconomic disparities.

WELLNESS/PREVENTION

Microbiological food safety and a low-microbial diet to protect vulnerable people.

Lund BM. *Foodborne Pathog Dis*. 2014; 11(6):413-424.

Low-microbial diets have been questioned both for their value in treating patients and for lack of consensus recommendations. The author of this study presents the risks associated with certain foods and beverages—including raw and undercooked meat and poultry, ready-to-eat meals, insufficiently cooled meat after cooking, raw/partially cooked eggs, raw/partially cooked fish or shellfish, pâtés, smoked seafood, soft cheeses, yogurt/probiotics, ice cream, raw vegetables/vegetable sprouts and salads, fresh or dried fruits, raw/unpasteurized milk, and drinking water—when consumed by immunocompromised and neutropenic patients. The presence of norovirus, nontyphoidal *Salmonella* spp, *Clostridium perfringens*, *Campylobacter* spp, *T. gondii*, and *L. monocytogenes* measured in these foods and the incidence of related outbreaks in the general population and hospitals in the United States, Canada, United Kingdom, and Europe are detailed. An explanation of how these items can become contaminated is provided. Although the author emphasizes that purchasing food from reputable, law-compliant vendors and Hazards Analysis and Critical Control Points (HACCP)-based food safety and food-handling systems are critical for protecting the vulnerable populations, she also provides preparation, cooking, and storage recommendations to minimize infection and presents alternative diet recommendations within each category (eg, canned shellfish in place of raw or precooked shellfish) to further minimize the microbial content of foods served to patients with compromised health status.

WOMEN'S HEALTH

Associations between maternal depressive symptoms and child feeding practices in a cross-sectional study of low-income mothers and their young children.

Goulding AN, Rosenblum KL, Miller AL, et al. *Int J Behav Nutr Phys Act.* 2014; <http://dx.doi.org/10.1186/1479-5868-11-75>.

Depressed mothers often act with more irritability and less engagement with their children, and because such behaviors could translate to feeding interactions, it is possible that maternal caregivers' mental health status could affect the weight status and eating habits of children in their care. The authors studied 295 caregiver-child pairs (95% biological mothers, 5% adoptive mothers, stepmothers, and grandmothers; children aged 4 to 8 years [mean=almost 6 years, 52% male]) recruited from Head Start programs. In the first portion of the study, mothers completed two questionnaires—(1) the Child Feeding Questionnaire to measure perceived responsibility, pressure to eat, restriction, and monitoring, and (2) the Child Feeding Styles Questionnaire to analyze demandingness, or how much caregivers encourage or discourage children's eating—and a Center for Epidemiologic Studies-Depression Scale. At that first visit, the adults also responded to open-ended narrative interview questions about typical mealtime in the household, the specific child's eating habits, and perceptions of healthful eating in general. The second visit involved each pair attending a standardized food presentation protocol to examine responses to novel foods and observe demandingness. Mothers were also asked to videotape three typical dinnertimes in the home over the course of 1 week, with the camera set to record the child's upper torso, plate, and drink for the entirety of the meal. The authors observed that the mothers who were measured with elevated depressive symptoms also had completed questionnaires that revealed higher levels of demandingness, pressure to eat, and restriction; expressed low authority over child feeding during narrative interviews; and demonstrated on video a lower likelihood to eat dinner with their children. The children in those homes were less likely to eat at the dining table and more likely to be exposed to mealtime distractions such as television. All these findings were independent of child sex, number of siblings, body mass index, race/ethnicity, and other potential confounding variables. Because a similar study to this one yielded different results, the authors suggest more research be conducted to clarify the connection between symptoms of

maternal depression and the level of restriction and pressure in feeding.



PERIODICALS

CLINICAL NUTRITION

Consumption of nuts and legumes and risk of incident ischemic heart disease, stroke, and diabetes: A systematic review and meta-analysis.

Afshin A, Micha R, Khatibzadeh S, Mozaffarian D. *Am J Clin Nutr.* 2014. Epub ahead of print.

Differential effects of proteins and carbohydrates on postprandial blood pressure-related responses.

Teunissen-Beekman KFM, Dopheide J, Geleijnse JM. *Br J Nutr.* 2014; <http://dx.doi.org/10.1017/S0007114514001251>.

Markers of lutein and zeaxanthin status in two age groups of men and women: Dietary intake, serum concentrations, lipid profile and macular pigment optical density.

Olmedilla-Alonso B, Beltrán-de-Miguel B, Estévez-Santiago R, Cuadrado-Vives C. *Nutr J.* 2014; <http://dx.doi.org/10.1186/1475-2891-13-52>.

The use of different reference foods in determining the glycemic index of starchy and non-starchy test foods.

Venn BJ, Kataoka M, Mann J. *Nutr J.* 2014;13(1):50. <http://dx.doi.org/10.1186/1475-2891-13-50>.

The role of meal viscosity and oat beta-glucan characteristics in human appetite control: A randomized cross-over trial.

Rebello CJ, Chu YF, Johnson WD, et al. *Nutr J.* 2014;13(1):49.

Association between dietary fiber intake and risk of coronary heart disease: A meta-analysis.

Wu YH, Qian YF, Pan YW. *Clin Nutr.* 2014; <http://dx.doi.org/10.1016/j.clnu.2014.05.009>.

A systematic review and meta-analysis of randomized controlled trials investigating the effects of curcumin on blood lipid levels.

Sahebkar A. *Clin Nutr.* 2014;33(3):406-414.

Comparison of the long-term effects of high-fat v. low-fat diet consumption on cardiometabolic risk factors in subjects with abnormal glucose metabolism: A systematic review and meta-analysis.

Schwingshackl L, Hoffmann G. *Br J Nutr.* 2014;111(12):2047-2058.

Effects of almond and pistachio consumption on gut microbiota composition in a randomised cross-over human feeding study.

Ukhanova M, Wang X, Baer DJ, et al. *Br J Nutr.* 2014;111(12):2146-2152.

A provegetarian food pattern and reduction in total mortality in the Prevención con Dieta Mediterránea (PREDIMED) study.

Martínez-González MA, Sánchez-Tainta A, Corella D, et al. *Am J Clin Nutr.* 2014. Epub ahead of print.

Gender-specific differences in energy metabolism during the initial phase of critical illness.

Drolz A, Wewalka M, Horvatis T, et al. *Eur J Clin Nutr.* 2014;68(6):707-711.

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Hosseinpour-Niazi S, Mirmiran P, Mirzaei S, Azizi F. *J Hum Nutr Diet.* 2014; <http://dx.doi.org/10.1111/jhn.12242>. Epub ahead of print.

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Zhang Y, Xu C, Xu L et al. *Ann Nutr Metab.* 2014;64(1):6-12.

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Perspective: Evidence-based evaluation for allergies to avoid inappropriate testing, diagnosis, and treatment.

Huston DP, Cox LS. *JAMA Intern Med.* 2014; <http://dx.doi.org/10.1001/jamainternmed.2014.1413>.

The Dietary Approaches to Stop Hypertension (DASH) diet affects inflammation in childhood metabolic syndrome: A randomized cross-over clinical trial.

Saneei P, Hashemipour M, Kelishadi R, et al. *Ann Nutr Metab.* 2014;64:20-27.

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Peniamina RL, Berner P, Conner TS, Miroso M. *Qual Health Res.* 2014; <http://dx.doi.org/10.1177/104973231453973>.

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Angelo G, Drake VJ, Frei B. *Crit Rev Food Sci Nutr.* 2014; <http://dx.doi.org/10.1080/10408398.2014.912199>.

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Grasser EK, Dulloo A, Montani J-P. *Br J Nutr.* 2014;112(2):183-192.

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Thomas DR. *Nutr Clin Pract.* 2014; <http://dx.doi.org/10.1177/088453361453901>.

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Mercer DF, Iverson AK, Culwell KA. *Nutr Clin Pract.* 2014; <http://dx.doi.org/10.1177/088453361453935>.

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Impact of daily Chlorella consumption on serum lipid and carotenoid profiles in mildly hypercholesterolemic adults: A double-blinded, randomized, placebo-controlled study.

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Socha K, Kochanowicz J, Karpieska E, et al. *Nutr J.* 2014; <http://dx.doi.org/10.1186/1475-2891-13-62>.

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COMMUNITY NUTRITION

Cardiovascular disease risk factors are elevated in urban minority children enrolled in Head Start.

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The inverse relationship between food price and energy density: Is it spurious?

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CULINARY

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Mohanraj R, Sivasankar S. *J Med Food.* 2014; <http://dx.doi.org/10.1089/jmf.2013.2818>.

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Tan SY, Dhillon J, Mattes RD. *Am J Clin Nutr.* 2014. Epub ahead of print.

Dairy and cardiovascular health: Friend or foe?

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The impact of sugar and fat reduction on perception and liking of biscuits.

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Zaheer K, Akhtar MH. *Crit Rev Food Sci Nutr.* 2014; <http://dx.doi.org/10.1080/10408398.2012.724479>.

Consumption of cranberry beverage improved endogenous antioxidant status and protected against bacteria adhesion in healthy humans: A randomized controlled trial.

Mathison BD, Kimble LL, Kaspar KL. *Nutr Res.* 2014;34(5):420-427.

Olive oil consumption and risk of CHD and/or stroke: A meta-analysis of case-control, cohort and intervention studies.

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DIABETES CARE

Qualitative study of acculturation and diabetes risk among urban immigrant Latinas: Implications for diabetes prevention efforts.

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Serum triglyceride levels correlated with the rate of change in insulin secretion over two years in prediabetic subjects.

Shimodaira M, Niwa T, Nakajima K, et al. *Ann Nutr Metab.* 2014; <http://dx.doi.org/10.1159/000360012>.

The effect of Mediterranean diet on the development of type 2 diabetes mellitus: A meta-analysis of 10 prospective studies and 136,846 participants.

Koloverou E, Esposito K, Giugliano D, Panagiotakos D. *Nutr Metab.* 2014; <http://dx.doi.org/10.1016/j.metabol.2014.04.010>.

Type 1 diabetes through the life span: A position statement of the American Diabetes Association.

Chiang JL, Kirkman MS, Laffel LM, et al. *Diabetes Care.* 2014; <http://dx.doi.org/10.2337/dc14-1140>.

Effect of lowering the glycemic load with canola oil on glycemic control and cardiovascular risk factors: A randomized controlled trial.

Jenkins DJA, Kendall CWC, Vuksan V, et al. *Diabetes Care.* 2014; <http://dx.doi.org/10.2337/dc13-2990>.

The association of rate of weight gain during early adulthood on the prevalence of subclinical coronary artery disease in recently diagnosed type 2 diabetes: The MAXWEL-CAD Study.

Lim S, Choi SH, Kim KM. *Diabetes Care.* 2014; <http://dx.doi.org/10.2337/dc13-2365>.

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Association between sugar-sweetened and artificially sweetened soft drinks and type 2 diabetes: Systematic review and dose-response meta-analysis of prospective studies.

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Sollid ST, Hutchinson MYS, Fuskevåg OM, et al. *Diabetes Care.* 2014; <http://dx.doi.org/10.2337/dc14-0218>.

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Weisenberger J. *Today's Dietitian.* 2014; 16(6):12.

GERONTOLOGY

Registered dietitians' roles in decision-making processes for PEG placement in the elderly.

Szeto MO, Maillet JO, Brody RA, Parrott JS. *Can J Diet Pract Res.* 2014;75(1):78-83.

Impact of home-delivered meal programs on diet and nutrition among older adults: A review.

Zhu H, An R. *Nutr Health.* 2014. Epub ahead of print.

LONG-TERM CARE

Prospective study of vitamin D status at initiation of care in critically ill surgical patients and risk of 90-day mortality.

Quraishi SA, Bittner EA, Blum LBA, et al. *Crit Care Med.* 2014;42(6):1365-1371.

NUTRITION SUPPORT

Parenteral immunonutrition in patients with acute pancreatitis: A systematic review and meta-analysis.

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Grintescu IM, Vasiliu IL, Cucoreanu Badica I, et al. *Clin Nutr.* 2014; <http://dx.doi.org/10.1016/j.clnu.2014.05.006>.

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Yu P-J, Cassiere HA, Dellis SL, et al. *JPEN J Parenter Enteral Nutr.* 2014; <http://dx.doi.org/10.1177/0148607114536735>.

Relationship between triglyceride tolerance, body mass index, and fat depots in hospitalized patients receiving parenteral nutrition.

Frazer EN, Nystrom EM, McMahon MM. *JPEN J Parenter Enteral Nutr.* 2014; <http://dx.doi.org/10.1177/014860711453805>.

Is it feasible to implement enteral nutrition in patients with enteroatmospheric fistulae? A single-center experience.

Yin J, Wang J, Yao D, et al. *Nutr Clin Pract.* 2014; <http://dx.doi.org/10.1177/0884533614536587>.

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SITES IN REVIEW

September is back to school time for the majority of American children. Since optimal nutrition is key to learning, this site review features web resources for supporting student nutrition.

Sites in Review Editor: Donna L. Hollinger, MS, RDN, LD.

US Department of Agriculture Food and Nutrition Service: School Meals—Child Nutrition Programs

<http://www.fns.usda.gov/school-meals/child-nutrition-programs>

An aim of the US Department of Agriculture's Food and Nutrition Service is to provide children with healthful food. The Food and Nutrition Service's School Meals website serves as a gateway for current information relating to a variety of nutrition programs for students. Web-

site content is organized into four areas for ease of access: Child Nutrition Programs, Initiatives, Spotlights, and What's New.

The Child Nutrition Programs section features resources for the School Breakfast Program, National School Lunch Program, Fresh Fruit and Vegetable Program, Special Milk Program, Summer Food Service Program, and Child and Adult Care Food Program. Resources include program histories, fact sheets, applications, eligibility criteria, state agency contacts, toolkits, and training videos. Ideas for promoting school nutrition programs such as colorful downloadable posters are offered at no cost.

Dietetics practitioners can link to Farm to School, Team Nutrition, and HealthierUS School Challenge (HUSC) web pages through the Initiatives section. An eye-catching slider, a set of rotating images and descriptions, tops the Farm to School webpage. Farm-to-school grant applications, state contact people, participation rates, and classroom curriculum materials are available. Team Nutrition is dedicated to providing training and technical support at the foodservice, nutrition education, and school/community levels. Its webpage includes a colorful graphics library, best practices sharing center, and nutrition/physical activity event planning ideas. The HUSC is a voluntary certification program identifying schools participating in Team Nutrition that are working to build health-promoting school environments through healthful foods and physical activity opportunities. Award-winning schools, listed by state, are recognized on its webpage.

The Spotlights section focuses on local school wellness policy guidelines, nutri-

tion standards for school meals, and regulations for snacks sold in schools. Family-friendly school meal applications translated into 34 different languages can be downloaded free of charge. The What's New section highlights recent legislative updates regarding school nutrition policies and standards.

Centers for Disease Control and Prevention: Six Approaches to Improving Student Nutrition

<http://www.cdc.gov/healthyyouth/mih/approaches.htm>

The Six Approaches to Improving Student Nutrition webpage from the Centers for Disease Control and Prevention (CDC) website outlines policy level strategies for building a healthful school environment. Strategies include establishing nutrition standards for and limiting student access to competitive foods. It provides guidance for negotiating food and beverage contracts to promote healthful eating and canceling/not signing contracts that fail to support healthful food choices. Additional approaches involve increasing the availability of nutritious food and beverage options, developing innovative marketing campaigns for wholesome foods, and selling healthy or non-food items for fundraising activities. The webpage offers a forum for sharing school nutrition success stories. Success stories from 32 schools and school districts across the nation have been compiled into a searchable online resource titled "Making it Happen! School Nutrition Success Stories." Site users can choose to filter by category or select all success stories to view. Success stories are also alphabetically sortable by school and state.